

REGISTRATION FORM

SPRING/SUMMER 2003 REGISTRATION FORM

PLEASE PRINT AND FILL OUT COMPLETELY.

Adult, Parent, or Guardian _____

Address/City/Zip Code _____

Phone Numbers (Day) _____ (Evening) _____

Activity Number	Participant's Name Last First	Birth Date Mo/Day/Yr	Sex	Activity Name	Site	Day/Time	Total Fee

TOTAL AMOUNT ENCLOSED



Should you need special accommodations that will enable you to participate in our activities, please call 441-1764 (V/TDD).

NO CASH ACCEPTED

Form of Payment: ☐ Check ☐ Money Order

Check/Money Order # _____

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